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ABSTRACT

Adolescent turmoil has been investigated as a manifestation of normative crisis functioning. Anna Freud and Erikson look upon this as almost universal. Daniel and Judith Offer found this quality present in only 21% of their sample of male high school non-patient students. Masterson in his longterm study reported that adolescent turmoil was at most an incidental factor subordinate to that of psychiatric illness. To discriminate between normative crisis stress and stress consequent to severe psychopathology for which treatment may be urgently indicated, the diagnostician must: have a thorough knowledge of the dynamic process of growth and development; appreciate that full evaluation of a teenager must be part of a family and environmental study; and comprehend that an adolescent cannot be adequately understood from his recent and present behavior alone, but that a review of the adaptive successes and failures of the individual throughout his development is essential. The diagnostician also should have a broad awareness of the varieties of adolescent living and the cultural background of the youth under study. (Author)

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ADOLESCENT BEHAVIOR: NORMAL? SICK? HOW DOES ONE TELL?

Moderator: Raoul P. Nadler, M.D.

TITLE OF PAPER

ADOLESCENT TURMOIL: PSYCHOPATHOLOGY OR DEVELOPMENTAL PHASE?

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ADOLESCENT TURMOIL: PSYCHOPATHOLOGY OR DEVELOPMENTAL PHASE?

Bertram Slaff, M.D.*

SUMMARY

Adolescent turmoil has been investigated as a manifestation of normative crisis functioning. Anna Freud and Erikson look upon this as almost universal. Daniel and Judith Offer found this quality present in only 21% of their sample of male high school non-patient students. Masterson in his longeerm study reported that adolescent turmoil was at most an incidental factor subordinate to that of psychiatric illness.

To discriminate between normative crisis stress and stress consequent to severe psychopathology for which treatment may be urgently indicated, the diagnostician must have a thorough knowledge of the dynamic process of growth and development; he must appreciate that full evaluation of a teenager must be part of a family and environmental study; he must comprehend that an adolescent cannot be adequately understood from the study of his recent and present behavior alone and that a review of the adaptive successes and failures of the individual throughout his development is essential; and finally he should have a broad awareness of the varieties of adolescent living and the cultural background of the youth under study.

Four case vignettes illustrating these points have been included.

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ADOLESCENT TURMOIL: PSYCHOPATHOLOGY OR DEVELOPMENTAL PHASE?

Bertram Slaff, M.D.

In the life experience of everyone there are periods of extraordinary stress associated with new steps in growth and development; these are called "normative crises."

The adolescent period includes many such normative crisis points. Puberty is an obvious example. Psychologically this may be said to begin, perhaps in the fifth grade, when the children become aware that their first classmate, probably a ten or eleven year old girl, has begun to develop breasts. This ushers in an era of intense wonderment in all of the children about their own present and future body changes. Often anxiety is present, which may be not unrelated to extraordinary misunderstanding of the biological processes involved, even in children who would appear to have been adequately prepared for these alterations.

Besides dealing with the body transformations of adolescent growth, the teenager must cope with the intensification of sexual drives and growing social involvement with youngsters of the opposite sex; he must tolerate the gradual loss of confidence in the judgment of his parents, teachers and the adult world, as his own critical and skeptical powers grow; he must relinquish much of the dependency of childhood, deriving increasing confidence from his own growing powers of mastery; he must discover the values of thinking ahead and planning his own future, consid-

ering his educational and career goals; he must prepare to relate intimately and to conceive of the possibility of love, marriage and parenthood. Finally he must strive for independence. The totality of this development is known as separation and individuation; it results in the establishment of an independent adult personality.

Is turmoil, is "Sturm und Drang" essential to the successful completion of the growth experience of adolescence? Anna Freud (1958) said of this phase: "It is by its nature an interruption of peaceful growth and therefore the upholding of a steady equilibrium during the adolescent process is in itself abnormal."

She (1959) describes four major areas of alteration in the child becoming an adolescent: (1) There are transformations in the drives, first with exacerbations of pregenital elements in the prepubertal child who becomes greedier, crueler, dirtier, more egocentric then he has been before. This is followed by a changeover to genital sexual impulses and involves the teenager in dangers which are new to him. Since at this stage he still lives as a member of the family unit, he runs the risk of allowing his new genital urges to connect with his old love objects, such as his parents and siblings.

(2) Alterations in ego organization must take place in response to the sexual-aggressive pregenital behavior and the restimulated incestuous fantasies. Major defensive efforts are invoked, including repression,

reaction formation, identification and projection, sometimes intellectualization and sublimation. "It means also that the entire defensive system of the ego is overstrained and breaks down repeatedly and that therefore the frantic warding off of impulses alternates with unrestrained upsurges of drive activity."

(3) It is essential then that object relations change. There must be a discarding of the people who were the important love objects of the child, that is, the parents. The battle against the parents may be expressed in a variety of ways, by indifference, by disparagement, by insolence and rebelliousness against them and their beliefs. Alternately there may be renewed expressions of dependency upon the parents.

(4) She describes alterations in ideals and social relations. As a consequence of the adolescent's stepping out of his family, he is left without his earlier object ties and is also without the ideals that he shared with his family; he must find substitutes for both.

A different point of view is expressed by Offer and Offer (1975); they have studied sixty-one middle class males from the time they entered high school at about fourteen until they reached twenty-two. Three psychological routes from childhood to adulthood were delineated: 23% of their sample showed a pattern of (1) Continuous Growth. These individuals progressed throughout adolescence and young manhood with a smoothness of purpose and a self-assurance of their progression towards a

meaningful and fulfilling adult life.

35% of the group showed a pattern of (2) Surgent Growth. Developmental spurts were manifest within this group; at other times they would seem to be stuck and unable to move forward. This group had more difficulty coping with unanticipated sources of anxiety. A major difference between this group and the Continuous Growth group was their genetic and/or environmental backgrounds which were less free of problems and traumas than those in the first group.

21% of the sample showed a pattern of (3) Tumultuous Growth. These youths did manifest turmoil with overt behavioral problems at school and in the home. These youngsters experienced adolescence as a period of discordance. Their backgrounds were less stable than those in the other two groups. A relatively high percentage of this group had overt clinical problems. It is this group which most closely resembles those described in psychoanalytic literature.

The Offers point out that psychoanalysts, although studying only patients who come to see them for psychoanalysis or psychotherapy, have applied their theories to the normal development of children and adults. Offer and Offer have perceived and responded to the need for systematic studies of normal, i.e. non-patient, populations. Their description of three potential growth routes would appear to warn against overgeneralizations made for the period of adolescence. Additionally, they stress that society may be programming adolescents into rebellious behavior.

Now, to the title of this Symposium: "Adolescent Behavior: Normal? Sick? How Does One Tell?"

Erikson (1959) provides help here. "It is not unnecessary to call to mind again that in spite of the similarity of adolescent 'symptoms' and episodes to neurotic and psychotic symptoms and episodes, adolescence is not an affliction but a normative crisis, i.e., a normal phase of increased conflict characterized by a seeming fluctuation in ego strength and yet also by a high growth potential. Neurotic and psychotic crises are defined by a certain self-perpetuating propensity, by an increasing waste of defensive energy, and by a deepened psycho-social isolation; while normative crises are relatively more reversible, or, better, transversible, and are characterized by an abundance of available energy which, to be sure, revives dormant anxiety and arouses new conflict, but also supports new and expanded ego functions in the searching and playful engagement of new opportunities and associations. What under prejudiced scrutiny may appear to be the onset of a neurosis is often but an aggravated crisis which might prove to be self-liquidating and, in fact, contributive to the process of identity formation."

Masterson (1967) undertook a thorough longitudinal study of one hundred one outpatient adolescents and compared them with a matched control group. "We found that adolescent turmoil was at most an incidental factor subordinate to that of psychiatric illness in the onset, course, and outcome of the various conditions of our patients. Adolescence was but a way station

in a long history of psychiatric illness which began in childhood and followed its own inexorable course, a course only temporarily colored by the developmental stage of adolescence. The decisive influence was psychiatric illness, not adolescent turmoil. The latter exerted its effect primarily by exacerbating and giving its own coloring to preexistent pathology. The decisive influence of psychiatric illness was clearly seen in the five-years-later study of outcome, when these patients had not grown out of their illnesses."

It is of the utmost importance to be able to discriminate between normative crisis stress and stress consequent to severe psychopathology, for which treatment may be urgently indicated. The diagnostician attempting to distinguish between these two groups must have a thorough knowledge of the dynamic process of growth and development. He must appreciate that full evaluation of a teenager must be part of a family and environmental study, recognizing that the behavior of some youths may be in unconscious compliance with the needs of a parent, and taking into account the phenomenon of "scapegoating," where a particular individual may carry the blame for what may be a situation of family disharmony. He must comprehend that an adolescent cannot be adequately understood from the study of his recent and present behavior alone; a review of the adaptive successes and failures of the individual throughout his development is essential. He should have a broad awareness of the varieties of adolescent living and the varying cultures in which these young people have been raised.

Let me illustrate these points with several case vignettes (Slaff, 1978). First, a "non-problem," an issue brought to psychiatric attention which was actually a manifestation of uncertainties within the adolescent growth experience.

> A fifteen year old girl had read Radclyffe Hall's The Well of Loneliness, decided that she had had several crushes on woman teachers, and wondered if she might be a lesbian. Careful inquiry elicited that this young woman was leading an active social life with young men and that her sexual fantasies were concerned with men. Her life history revealed a consistent pattern of successful adaptations to growth challenges.

It appeared that this girl's concern about homosexual tendencies was more expressive of a literary yearning towards non-conformism than an actual sexual conflict situation. It was felt that this girl needed more time to grow before the existence of a sexual problem could be established.

Let me now present a young man with an acute depressive reaction, urgently requiring treatment; this occurred at a normative crisis point in a previously sturdy individual who was able to reestablish his growth capacities in a relatively short period of psychotherapy.

> David, seventeen, was an outstanding student at his large metropolitan high school. He had been elected president of the student body, was captain of the basketball team and ranked scholastically in the top three of his class.
>
> Shortly after learning that he had been awarded an all-expense scholarship to the outstanding college which was his first choice, he underwent a major change in mood. He lost his appetite, slept with difficulty, withdrew socially, questioned his abilities and began to express serious doubts about whether he should accept the scholarship and attend college. It was recognized that he had become seriously depressed and psychiatric help was sought.

David for a long time had been a "golden lad," generously endowed with health, intelligence, looks, physical and athletic skills and a relaxed

quality of warmth and interest in others.

His parents, fearful that he might become conceited, had for many years reminded him of his good fortune in having inherited superior genes, which permitted him his successes. He was not to claim that he was better than others; he was merely luckier. And, *noblesse oblige*, certainly more would be expected of him because of his good fortune.

Unconsciously, David's considerable talents were being experienced as an affliction. The latest success was felt to be an unbearable burden. In the effort to protect David from becoming too self-centered, his parents had contributed to his developing a severely lowered self-esteem. Future successes seemed to augur further burdens with the danger of his being expected to perform beyond even his exceptional capacities and with gratifications apparently not permitted.

David was able to recover from his depression only after in psychotherapy he confronted the impasse he had gotten into with his parents about the meaning of his successes, perceived that their position was fundamentally unfair to him, uncovered and experienced rage at them for this, and gradually began to allow himself a sense of achievement for what he, not his genes, was accomplishing.

David had only partially internalized his parents' point of view about his successes; his conflicts were partly intrapsychic and partly interpersonal.

He was in a growth phase in which familiar attitudes often undergo major changes; he recovered from his depression and went on to the college of his choice.

The next vignette is of a fifteen year old psychotic youth.

> Mark was referred for therapy after his father's therapist, hearing about this "perfect" son, suspected disturbance and recommended psychological testing. The protocol suggested "a struggle against catatonic schizophrenia in a fantasy-ridden individual." Mark himself had no complaints.
>
> At his first visit this adolescent was seen as outwardly well-functioning and unusually formal and proper. He described his complicated inner life, in which he was concerned with thoughts having to do with order, rights to be happy and many other elaborate mental constructions and rituals which had been present for many years. These were presented as manifestations of a person deeply involved with ethical considerations; there was no awareness of the obsessional nature of these preoccupations.
>
> Asked how he fared in sports, Mark mentioned that he was on his high school baseball team and that he had gotten as many hits "as I am permitted." To an inquiry about this, he replied that, after achieving a hit, he felt compelled to strike out the next time he was up at bat, lest he become vain and offend God.

The therapist felt that it was quite likely that a paranoid system was present in Mark's thinking. He told Mark that he felt that he was not free to play baseball to the best of his abilities and suggested that he might take the opportunity to explore with the therapist how these restrictions had come into being. Mark agreed to enter therapy.

Let me challenge you now with a difficult diagnostic problem:

> Sixteen year old Jeremy came to the attention of his college student health office after his philosophy instructor expressed concern about him. He was reading far more than anyone else in the class, often seemed preoccupied and withdrawn, and had ideas which seemed to his teacher to be extraordinarily original, possibly highly creative or, on the other hand, bizarre or both.

A careful review of Jeremy's life history revealed that as early as nursery school he had been noticed as "different." His teacher had reported that he was always sweet and amiable, but seemed to lack some quality of personal responsiveness, as though he didn't really care very much whether he was paid attention or not. Some years later in school he was observed to be highly gifted in learning and particularly adept at self-instruction. He was consistently ahead of his class in all his subjects. He cheerfully carried out additional assignments prepared for him alone by his devoted teachers.

At nine Jeremy considered his classmates to be childish and told them so. He identified completely with the adult world. Not surprisingly the other children hated Jeremy and teased him unmercifully. Jeremy seemed not to care very much; already in the third grade he was teaching himself Italian, botany and astronomy.

During his childhood years Jeremy received much love and support from his parents who understood and respected his right to be different. If they had fought him on this and pressed him to be more like other children, it is likely that they would have alienated him and that he would then have been even more isolated than he was.

As a young child Jeremy freely admitted that he was different, saying, in his characteristic way, "That is I."

His "atypical" behavior at college was consistent with his earlier character development and was not evaluated as cause for immediate concern. It was felt that Jeremy would probably continue to be an atypical person throughout his life and that he would be likely to continue to gain major gratification from his intellectual capacities. If at some future time he became upset at interpersonal difficulties - and this would seem not unlikely - he might then seek help in psychotherapy. Here too his atypicality would have to be respected.

SUMMARY: Adolescent turmoil has been investigated as a manifestation of normative crisis functioning. Anna Freud and Erik Erikson look upon this as almost universal. Daniel and Judith Offer in their longterm follow-up study of male high school non-patient students found this quality present in only 21% of their sample. James Masterson in his longterm study of outpatient adolescents and a control group reported that adolescent turmoil was at most an incidental factor subordinate to that of psychiatric illness in the onset, course and outcome of the various conditions of the patients.

To discriminate between normative crisis stress and stress consequent to severe psychopathology for which treatment may be urgently indicated, the diagnostician must have a thorough knowledge of the dynamic process of growth and development; he must appreciate that full evaluation of a teenager must be part of a family and environmental study; he must comprehend that an adolescent cannot be adequately understood from the study

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